

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's**

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. **12FE4M5**
DSCC

ADDRESS (number and street) **120 Maryland Ave NE**

☐ Check if different than previously reported (ACC)

Washington

CITY

DC
STATE

20002

ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C00042366

3. IS THIS REPORT ☒ **NEW (N)** OR ☐ **AMENDED (A)**

4. **STATE DISTRICT**

☐ ☐

For Candidates Only

5. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)
and/or Semi-annual Report

☐ October 15
Quarterly Report (Q3)

☐ January 31
Year End Report (YE)
and/or Semi-annual Report

☐ July 31 Mid-Year Report
(Non-election Year -
Party/PAC) (MY) and/or
Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C) This report also covers the semi-annual period

Election on **11** **08** **2016** in the State of ☐ See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period

Election on ☐ ☐ ☐ in the State of ☐ See Line 6(b)

6. **Covered Period(s)** (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

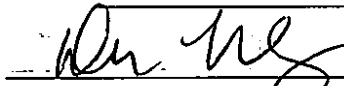
This report covers **10** **01** **2016** through **10** **19** **2016** and/or ☐ January 1 - June 30
☐ July 1 - December 31

7. **Total Reportable Bundled Contributions by** (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

Lobbyists/Registrants or Lobbyist/Registrant PACs **105200.00**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Deanna Nesburg**

Signature of Treasurer  **10** **29** **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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